

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention and Center for Substance Abuse Treatment

**Guidance for Applicants (GFA) No. SP-03-001
Part I - Programmatic Guidance**

American Indian/Alaska Native National Resource Center for Substance Abuse Services

Short Title: AI/AN-NRC

Application Due Date: November 18, 2002

Elaine Parry
Acting Director, Center for Substance Abuse Prevention
Substance Abuse and Mental Health
Services Administration

Charles G. Curie, M.A., A.C. S.W.
Administrator,
Substance Abuse and Mental Health
Services Administration

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director, Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration

Catalog of Federal Domestic Assistance (CFDA) No. 93.243 Authority: Section 516 (5) and Section 509 of the Public Health Service Act, and subject to the availability of funds*

*This program is being announced prior to the full annual appropriation for fiscal year (FY) 2003 for the Substance Abuse and Mental Health Services Administration's (SAMHSA) programs. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2003 to permit funding of one of the applications being hereby solicited. This program is being announced in order to allow applicants sufficient time to plan and to prepare applications. Solicitation of applications in advance of a final appropriation will also enable the award of appropriated grant funds in an expeditious manner and thus allow prompt implementation and evaluation of promising projects. All applicants are reminded, however, that we cannot guarantee sufficient funds will be appropriated to permit SAMHSA to fund any applications. Questions regarding the status of the appropriation of funds should be directed to the Grants Management Officer listed under How to Get Help in this announcement.

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA) with its Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) is accepting applications for a cooperative agreement for implementing the American Indian/Alaska Native National Resource Center for Substance Abuse Services (AI/AN-NRC).

The AI/AN-NRC is envisioned as an innovative national resource center dedicated to the identification and fostering of effective and culturally appropriate substance abuse prevention and treatment programs and systems to support American Indian and Alaska Native populations.

It is expected that one cooperative agreement, in the amount of approximately \$1.0 million, will be available per year in total costs (direct and indirect). Awards may be requested for up to 3 years. Annual continuation awards are dependant on the availability of funds and progress achieved.

While not guaranteed, it is possible that the actual funding levels may be supplemented on a discretionary basis if additional funds become available. Such funding will be restricted to enhancing the basic activities under this program. Supplemental funds will not be competed but will be limited to the applicant, funded under this announcement.

Who Can Apply?

Eligible applicants are domestic public and private non-profit entities such as Tribes, AI/AN national organizations, tribal or non-tribal community based and faith based organizations, universities and colleges, or a consortium of any of the above with a lead agency/entity designated for legal and accounting purposes.

Applicant Characteristics

This GFA specifically encourages applications that propose substantial AI/AN staffing for the AI/AN-NRC, show histories of successful collaborative work with AI/AN people, and demonstrate experience in projects involving AI/AN health service organizations and the delivery of technical assistance on effective approaches to substance abuse prevention and treatment services. Applications will be scored and rated during the peer review process based on the following characteristics:

- The proposed AI/AN-NRC's project management, staff, steering committee members, and relevant consultants have persons identified as enrolled tribal members, traditional practitioners, or individuals with extensive experience and documented knowledge in providing services and technical assistance to diverse AI/AN populations, communities and cultures;

- Reputations for inclusiveness and sensitivity to cross-cultural issues;
- Positive histories of work and positive current working relationships with the AI/AN-NRC's proposed clients; and
- Specific written commitments from key stakeholders for collaborating with the grant applicant if it were to be awarded the AI/AN-NRC cooperative agreement.

Applicant organizations that have a current SAMHSA Addiction Technology Transfer Center (ATTC) and/or Center for the Application of Prevention Technology (CAPT) cooperative agreement, or other prevention or treatment service entities must provide information concerning their plans to make the AI/AN-NRC a distinct national resource that is clearly not subsumed into the pre-existing program by the institution/organization that will operate the AI/AN-NRC. (Note that brief overviews of SAMHSA's ATTC and CAPT programs are provided in Appendix 1.)

Application Kit

SAMHSA's grant application kits include the two-part announcement (also called the Guidance for Applicants, or "GFA") and the blank form (PHS-5161-1, revised July 2000) needed to apply for a grant or cooperative agreement.

The GFA has two parts:

Part I - provides information specific to the grant or cooperative agreement and

is different for each GFA. **NOTE: This document is Part I.**

Part II – has important policies and procedures that apply to nearly all SAMHSA grants and cooperative agreements. Please refer to the section on Special Considerations and Requirements included in this document.

You will need to use both Part I and Part II to apply for a SAMHSA grant or cooperative agreement.

To get a complete application kit, including Parts I and II and the PHS 5161-1, you can:

- Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 **or**
- Download the application kit from the SAMHSA web site at www.samhsa.gov. Be sure to download both parts of the GFA.

Where to Send the Application

Send the original and two (2) copies of your grant application to:

SAMHSA Programs

Center for Scientific Review
National Institutes of Health
Suite 1040

6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

NOTE: Change the zip code to 20817 if you use express mail or courier service.

All applications must be sent via a recognized commercial or government carrier. Hand-carried applications will not be accepted.

Please note:

- 1) Be sure to type: “SP-03-001 AI/AN-NRC” in Item Number 10 on the face page of the application form.
- 2) If you require a phone number for delivery, you may use (301) 435-0715.

This GFA contains a number of requirements for activities that cut across the typical boundaries of treatment and prevention as well as for collaborative approaches to the AI/AN-NRC’s work. Potential applicants may submit a brief concept paper to obtain pre-application feedback of their understanding of the main issues. For feedback from the perspectives of treatment and prevention, these concept papers should be sent to both the CSAP and CSAT contact persons listed in the How to Get Help section below. Concept papers must not exceed 4 pages. (Note that the concept paper is not a requirement; therefore, not submitting it will not affect the application’s evaluation.) Staff will review concept papers and provide application technical assistance within 5 days of receipt. Concept papers may be submitted up to 20 days prior to the application receipt date.

Application Dates

Your application must be received by November 18, 2002.

Applications received after this date must have a proof-of-mailing date from the carrier by November 11, 2002.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on program issues, contact:

General and Prevention Related Issues

Jon Rolf, Ph.D.
CSAP/SAMHSA
Rockwall II, Room 800
5600 Fishers Lane
Rockville, MD 20857
(301) 443-0380; FAX (301) 443-7072
[email] jrolf@samhsa.gov

-or-

General and Treatment Related Issues

Maria E. Burns
CSAT/SAMHSA
Rockwall II, Room 740
5600 Fishers Lane
Rockville, MD 20857
(301) 443-7611; FAX (301) 443-3543
[email] mburns@samhsa.gov

For questions on grants management issues, contact:

Stephen Hudak
Division of Grants Management
OPS/SAMHSA
Rockwall II, 6th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666;

FAX (301) 443-6468/1358
[email] shudak@samhsa.gov

Cooperative Agreements

The award is being made as a cooperative agreement because substantial Federal staff involvement is required post award.

Awardee Will:

- Comply with the terms and conditions of the cooperative agreement and collaborate with CSAP and CSAT staff in project implementation.
- Agree to provide SAMHSA with data required to comply with the Government Performance and Results Act (GPRA). The grantee must meet with CSAP and CSAT Project Officers within several months after the award of the cooperative agreement to begin discussing the grantee's evaluation strategy and how it will meet CSAT and CSAP GPRA requirements.
- Provide the programmatic, product development, adaptation, and dissemination activities described in this AI/AN-NRC GFA program narrative including collaboration with the regional and national programs of SAMHSA's CAPTs and ATTCs.
- Convene the AI/AN-NRC National Steering Committee to help guide programming and to promote buy-in from key constituencies. The Steering Committee will meet at least twice a year, and have at least 10 members including one representative from each of the

ATTC and CAPT national steering committees plus the CSAP and CSAT Project Officers.

- Participate in one meeting annually of the National CAPT Steering Committee and the national meeting of the ATTC National Network.
- Participate with CSAP and CSAT staff in any necessary development and refinement of the existing AI/AN-NRC policies, evaluation designs, measures, and databases.
- Keep policies consistent with SAMHSA policies on data sharing, access to data and materials, and publications.

SAMHSA's CSAP and CSAT Staff Will:

- Work with the AI/AN-NRC to help coordinate prevention and treatment related activities.
- Provide guidance and technical assistance across all the project's components, including conducting site visits.
- Monitor and review progress of the AI/AN-NRC project and make recommendations regarding moving through successive stages including its continuance.
- Participate in any necessary development and refinement of the existing AI/AN-NRC policies, evaluation designs, measures, and databases.

- Facilitate the coordination of this program with other CSAP and CSAT policies and program operations, as appropriate.
- Participate as full members of the AI/AN-NRC's National Steering Committee.
- Advise on issues and components of the project that cross prevention and treatment and/or involve coordinating with CSAP/CSAT contractors and other groups.
- Review products prior to publication and dissemination; consult regularly with the awardee on all aspects of the project

The National Steering Committee Will:

- Consist of the AI/AN-NRC's Director, at least 10 members at-large chosen for their relevant experience and expertise, plus the AI/AN-NRC's Project Officers from CSAP and CSAT who will participate but not chair the Steering Committee. (Members must include a representative from both the ATTC and CAPT National Steering Committees. Examples of other types of persons for recruitment include Native American researchers; service providers in substance abuse prevention, treatment and recovery; community leaders and elders; and representatives of national and community organizations serving AI/AN people on substance abuse issues.)
- Meet at least twice annually. The first meeting of the Steering Committee will be convened at the request of the CSAP

and CSAT Project Officers.

- Develop consensual agreement for most decisions about the AI/AN-NRC's collaborative activities. Decisions that cannot be made by consensus will be made by majority vote. Each member has one vote.
- Assist in the development and refinement of the AI/AN-NRC's policies, evaluation designs, measures, and databases.
- Review policies for consistency with 45 CFR 74.36, on data sharing, access to data and materials, and publications. (The Privacy Act authorizes discretionary disclosure of this information within the Department of Health and Human Services – DHHS - and outside the Agency to the public, as required by the Freedom of Information Act and the associated DHHS regulations 45 CFR 5). Publications will be written and authorship decided using procedures adopted by the Steering Committee. The quality of the publications will be the responsibility of the authors, although a draft must be provided to CSAP and CSAT prior to publication. No additional SAMHSA/CSAP/CSAT clearance will be required, except that publications on which SAMHSA staff are included as authors or coauthors must receive internal agency clearance prior to publication.

Funding Criteria

Decisions to fund a Cooperative Agreement

are based on:

1. The strengths and weaknesses of the application as shown by the peer review committee and approved by the CSAP and CSAT National Advisory Councils.
2. Availability of funds.
3. The strengths and weaknesses as shown during potential pre-award site visits to the peer review committee's top rated applications. The pre-award site visits will apply the same scoring criteria as indicated in the Project Narrative. During the visit, the applicants can clarify key issues in their narratives and substantiate their capacities to implement their proposed activities successfully.

Post Award Requirements

1. The AI/AN-NRC is expected to provide the following types of reports.
 - Quarterly progress reports
 - Annual progress and fiscal reports
 - Final summary report at the end of the third year cycle.
 - Periodic delivery of electronic copies of contact and service data.

Additional reports may be required on special projects and activities (e.g., collaborative services delivered with supplemental funding by another Federal agency partnering with SAMHSA in this program).

2. The AI/AN-NRC is expected to attend meetings as typically required of cooperative agreement grantees. These may be conducted in person or electronically by conference call with web facilitation. The awardee will also:

- Provide funds for AI/AN-NRC staff to attend one National CAPT Steering Committee meeting and one ATTC National Network Meeting annually
- Collaborate in planning and participate in any joint learning workshops with CAPTs and ATTCs.

3. The grantee must inform the project Officers of any publication based on the grant project. Additionally, the grantee must also ensure consistency with relevant CSAP and CSAT/SAMHSA editorial guidelines and policies (e.g., use of logos, text, format, and related production qualities) before disseminating any AI/AN-NRC product. It must also comply with Title IV, Sec. 711 of the Americans with Disabilities Act (ADA) that applies when developing promotional public service announcements.

Program Overview and Goals

American Indian and Alaska Native populations experience high rates of substance misuse and abuse. Beyond the simple overall epidemiological prevalence rates, there are complex patterns of diversity in the patterns of substance abuse and types of the treatment programs delivered to them via Federal, State, county, Tribe, and Non-

government organization (NGO) service organizations. In 2002, there remain unmet needs in prevention and treatment programming. Among these is a perceived lack of culturally appropriate programs integrating effective evidence-based and tradition-based approaches.

The AI/AN NRC is intended to address a number of gaps in substance abuse prevention and treatment services for AI/AN people. It is expected that the successful applicant for the AI/AN-NRC will provide culturally appropriate and effective technical assistance, training, dissemination, and communication to increase the transfer and application of substance abuse prevention and treatment knowledge and skills among service providers, policy makers, Tribal communities, funding organizations, and consumers.

The overall AI/AN-NRC program goals are to:

- Create an AI/AN-NRC that promotes and nurtures effective and culturally appropriate substance abuse prevention and treatment services for AI/AN populations.
- Identify effective evidence-based AI/AN substance abuse prevention and treatment practices and disseminate them so that they can be applied successfully with American Indians and Alaska Natives across their diverse contexts of life within U.S. communities, States, Tribes, and tribal communities.
- Provide increased training and technical assistance resources that

expand the capacity and quality of substance abuse prevention and treatment services for AI/AN populations. Such training and technical assistance is to be coordinated with and adds resources to the ongoing AI/AN work of SAMHSA's existing CAPTs and ATTCs.

These goals will be met by the following activities:

- Building consensus and collaborations to improve substance abuse prevention and treatment services for AI/AN populations.
- Selecting appropriate AI/AN-NRC staff, steering committee members, and associates that work collaboratively to identify and effect priority AI/AN-NRC programs.
- Promoting increased awareness and use of effective substance abuse prevention and treatment practices that are culturally appropriate and adaptable by service providers for use among AI/AN populations.
- Developing products for training and technical assistance for substance abuse prevention and treatment services.
- Expanding the training and technical assistance to providers serving AI/AN clients to build organizational capacities and staff skills in service organizations to support the application of effective practices for

substance abuse prevention and treatment.

- Creating and sustaining multiple channels of communication with the AI/AN-NRC's clients.
- Expanding the reach of the AI/AN-NRC and enhancing its resources by collaborating closely with SAMHSA's CAPTs and ATTCs.
- Evaluating and reporting the AI/AN-NRC's performance including client satisfaction and the Government Performance and Results Act (GPRA) measures.

The Project Narrative/Review Criteria section provides additional details on the expected AI/AN-NRC activities and issues of cultural competencies.

Reporting/Evaluation Requirements

The AI/AN-NRC's process and outcome evaluation plans must address SAMHSA's goals to improve accountability, capacity, and effectiveness of substance abuse prevention and treatment services.

Note that for reporting purposes, the process and outcomes evaluations will be divided into two evaluation components for the cooperative agreement awarded through this announcement. These are called Government Performance and Results Act "GPRA" component and the typically more extensive "Other" evaluation component. The Government Performance and Results

Act (GPRA), which mandates accountability and performance-based management by Federal agencies, focuses on results or outcomes in evaluating the effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. The GPRA and other data requirements for the AI/AN-NRC will be determined through a series of meetings involving an evaluation team from the AI/AN-NRC and the CSAP and CSAT Project Officers. The GPRA measures must meet SAMHSA policies and be approved via the Office of Management and Budget (OMB) review process. The Project Officers will be responsible for obtaining any necessary OMB clearances. The grantee must comply with the GPRA data collection and reporting requirements. Appendix 2 refers applicants to Websites containing examples of SAMHSA's OBM-approved GPRA measures as well as other evaluation instruments used by the CAPTs and the ATTC's.

Detailed Information on What to Include in Your Application

In order for your application to be complete, it must include the following in the order listed. Check off areas as you complete them for your application.

☐ **1. FACE PAGE**

Use Standard Form 424, which is part of the PHS 5161-1. See Appendix A in Part II of the GFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and

complete.

☐ **2. ABSTRACT**

Your total abstract should not be longer than 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if your project is funded.

☐ **3. TABLE OF CONTENTS**

Include page numbers for each of the major sections of your application and for each appendix.

☐ **4. BUDGET FORM**

Fill out sections B, C, and E of the Standard Form 424A, which is part of the PHS 5161-1. Follow instructions in Appendix B of Part II of the GFA

☐ **5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION**

The **Project Narrative** describes your project. It consists of Sections A through D. These sections may not be longer than 25 pages. More detailed information about Sections A through D follows #10 of this check list.

- ☐ **Section A** – Project Overview
- ☐ **Section B** – Project Approach
- ☐ **Section C** – Management Plan
- ☐ **Section D** - Evaluation

Supporting documentation for your

application should be provided in Sections E through H. There are no page limits for these sections, except for Section G (Biographical Sketches/Job Descriptions).

- ☐ **Section E**- Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.
- ☐ **Section F** - Budget Justification, Existing Resources, Other Support

You must provide a narrative justification of the items included in your proposed budget as well as a description of existing resources and other support you expect to receive for the proposed project. **The budget must reflect equal funding of prevention and treatment activities.**

- ☐ **Section G** - Biographical Sketches and Job Descriptions

-- Include a biographical sketch for the project director and for other key positions. Include information on tribal affiliations, expertise in areas relevant to substance abuse prevention and treatment, work with AI/AN groups, experience in provision of technical assistance and training. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from him/her with his/her sketch. (You may insert a summary staff characteristic table in Appendix 4.)

-- Include job descriptions for key personnel. They should not be longer than **1 page**.

Note: Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

- ☐ **Section H** - Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

☐ **6. APPENDICES 1 THROUGH 4**

- Use only the appendices listed below.
- **Do not** use appendices to extend or replace any of the sections of the Program Narrative unless specifically required in this GFA (reviewers will not consider them if you do).
- **Do not use more than 30 pages** (plus all instruments) for the appendices.

Appendix 1: Letters of collaborations/commitments and support for the proposal. Please photocopy letters so that each page of the appendix shows reduced (but legible) letter pages.

Appendix 2: Copy of letters to Single State Agency(s) (SSAs).

Appendix 3: Data collection instruments/interview protocols.

Appendix 4: Other. For example: diagrams and other depictions of organizational structure, time-line or staffing patterns; listings of recent publications relevant to

training and technical assistance; sample of consent forms that may be proposed; listings of any recent exemplary training and technical assistance activities.

☐ **7. ASSURANCES**

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1.

☐ **8. CERTIFICATIONS**

Use the “Certification” form which can be found in the PHS 5161-1.

☐ **9. DISCLOSURE OF LOBBYING ACTIVITIES**

Use Standard Form (SF) LLL and SF LLL-A, if needed, which can be found in the PHS 5161-1. Part II of the GFA also contains information on lobbying prohibitions.

☐ **10. CHECKLIST**

See Appendix C in Part II of the GFA for instructions.

Project Narrative/Review Criteria – Sections A Through D - Detailed

Sections A through D are the Project Narrative/Review Criteria parts of your application. They describe what you intend to do with your project. Below you will find detailed information on how to respond to Sections A through D. The combined total of Sections A through D cannot exceed 25 pages.

- Your application will be reviewed against the requirements described below for Sections A through D.

- A peer review committee will assign a point value to your application based on how well you address **each** of these sections.
- The number of points after each main heading shows the **maximum number of points** a review committee may assign to that category.
- Bullet statements do not have points assigned to them; they are provided to invite attention to important areas within the criterion.
- Reviewers will also be looking for evidence of cultural competence in each section of the Project Narrative/Review Criteria. These issues include age, culture, race, ethnicity, language, literacy, disability, gender, and sexual orientation among the targeted populations to be served. Points will be assessed on the cultural aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Appendix D in Part II of the GFA.

Section A: Project Overview (15 points)

- Provide a brief overview of the proposed structure and function of the AI/AN-NRC and describe how it will address the three AI/AN-NRC goals;
- Describe briefly the substance abuse prevention and treatment needs that the proposed AI/AN-NRC will address. Include your views on the priority recipients and contexts of the AI/AN-NRC's products and services (e.g., prevention and treatment service

providers, population groups in their multi-ethnic contexts, high-risk environments, etc.);

- Introduce how the proposed AI/AN-NRC will provide its clients with a range of programs and products (including technical assistance and training services) and the extent to which the AI/AN-NRC will strive to link traditional and other approaches for American Indians and Alaskan Natives. (Details can be added in Section B.);
- Explain how the proposed AI/AN-NRC is clearly not subsumed into the pre-existing program should the applicant be a SAMHSA ATTC or CAPT grantee or other treatment program or a larger institution operating the AI/AN-NRC.

Section B: Project Approach (40 points)

1. Describe how you propose to create a National Resource Center that identifies and nurtures effective and culturally appropriate substance abuse prevention and treatment services for AI/AN populations. Include information on:

- Your approach to the AI/AN-NRC's National Steering Committee (see the earlier section on Cooperative Agreements – National Steering Committee);
- Procedures to recruit experts and other participants for any working groups needed to guide the AI/AN-NRC's efforts to develop priority activities;

- Plans for proactive outreach and working relationships with service providers that will use and apply the products of the AI/AN-NRC among the AI/AN-NRC's clients;
- How there will be equal use of AI/AN-NRC resources directed toward prevention and treatment related activities.
- **2.** Describe your plans to increase the availability and use of effective substance abuse prevention and treatment practices that are culturally appropriate and adaptable by providers serving AI/AN populations. Include information on how you propose to:
 - Determine what existing programs, practices, and policies with evidence of effectiveness are appropriate to address service needs and gaps;
 - Assess the potential of these appropriate programs, practices, and policies for dissemination as successful adaptations and applications in diverse AI/AN contexts;
 - Organize information about existing evidence-based prevention and treatment practices;
 - Determine changes in AI/AN substance abuse prevention and treatment service needs, resources, and gaps;
 - Demonstrate how the AI/AN-NRC will address the issues of age, culture, race, ethnicity, language, literacy, disability, gender, and sexual orientation among the

targeted populations to be served.

3. Outline how you propose to expand the training and technical assistance to providers serving AI/AN clients to build capacities via increasing organizational readiness and building staff skills for the application of effective programs, practices, and policies for substance abuse prevention and treatment. Include information on plans to:

- Expand training for the AI/AN-NRC's clients on applying effective practices within the diverse contexts of AI/AN life. Examples of clients include: service providers to AI/AN people, grassroots organizations, Tribal Colleges and Universities (TCUs), national AI/AN organizations, universities, and other groups deemed to be appropriate;
- Provide increasing levels of technical assistance to build technical capacities among services systems;
- Provide training for writing successful grant applications and other methods for securing external funds for service capacity expansion;
- Collaborate with SAMHSA's ATTC and CAPT networks to identify priority areas for coordinated expansion of training and technical assistance services;
- Expand the reach of the AI/AN-NRC by training ATTC and CAPT technical assistance/training staff in topics of special need for AI/AN service professionals and paraprofessionals.

4. Outline the methods you propose to use in developing products for training and

technical assistance. Include information on:

- Customizing and repackaging existing prevention and treatment service products and approaches, as needed, to make them more appropriate for adoption and application within AI/AN service systems and the diversity of AI/AN daily life contexts and traditional ways;
- Giving priority to developing products that improve capacity at different levels (e.g., the individual, organization, and service system levels). Examples include but are not limited to: a) understanding ways to integrate effective practices that are evidence-based and tradition-based; b) increasing readiness to adopt effective practices; c) promoting skills for collaboration; and d) implementing effective methods for prevention and treatment.

5. Present your plans for developing and sustaining multiple channels of communication with the AI/AN-NRC's clients. Provide information about how the plans will:

- Communicate the AI/AN-NRC's mission, programs, information, training, and technical assistance resources to both AI/AN and other types of providers, service systems, and other relevant groups at the national, inter-tribal, tribal, State, and community levels;
- Disseminate media products in appropriate formats to inform the many constituencies of the AI/AN-NRC. Examples include: substance abuse

prevention and treatment fields, Tribes and urban programs serving AI/AN entities, national and AI/AN organizations, appropriate universities and colleges (especially TCUs), ATTCs, CAPTs, relevant Federal agencies serving AI/AN groups, and AI/AN researchers and organizations;

- Discuss the potential of implementing a computer information technology (CIT) system including Web-based resources supporting dissemination and on-line collaborative work.

6. Explain your vision for expanding the reach of the AI/AN-NRC and enhancing its resources by collaborating with the CAPTs and ATTCs. Provide information that demonstrates:

- An understanding of the unique roles of the AI/AN-NRC in the national CAPT and ATTC programs, and an understanding of the CAPTs' and ATTCs' extensive experience in technology transfer that might be accessed and adapted for the AI/AN-NRC's benefit;
- The processes proposed to access the ATTC and CAPT staff expertise in bridging research-based knowledge into locally adapted effective practices within AI/AN and other population groups;
- The potential for identifying collaborative ways to support, enhance, and sustain AI/AN-NRC national outreach activities through ATTC and CAPT regional and local infrastructures;

- The perceived potential for providing guidance and technical support to the AI/AN-NRC's prevention clients in the use of CSAP's Prevention Decision Support System Website accessed at <http://preventiondss.samhsa.gov>.

Section C: Management Plan (35 points)

- Outline an overall work plan for the AI/AN-NRC. Include important categories of tasks (e.g., recruitment of the Steering Committee and staff, determination of priorities for program and product development, start-up of other service delivery, etc.). Include timeline graphs in Appendix 4;
- Explain the feasibility of accomplishing the project objectives in the proposed work plans in terms of the adequacy and availability of resources (e.g., management, core and adjunct staffing, consultants, connections with collaborating entities, facilities, and equipment and time available – i.e., three years);
- Summarize any relevant working relationships and projects (previous and current) with the AI/AN-NRC's proposed clients (e.g., service providers and AI/AN people);
- Describe the extent of recent activities that the applicant organization and its key collaborators on the AI/AN-NRC application have undertaken (or have ongoing) with AI/AN groups. Describe the extent that this work relates to training and technical assistance in applying effective substance abuse prevention and treatment services;
- State what kind of collaborative approach you are proposing (e.g., consortium, coalition, network, etc.). Summarize the commitments from key stakeholders for collaborating with the applicant if it were to be awarded the AI/AN-NRC cooperative agreement. Include photocopies of the commitment letters in Appendix 1;
- List the proposed AI/AN-NRC's key positions and their qualifications;
- Describe the extent to which the proposed AI/AN-NRC's project management, staff, Steering Committee, and relevant consultants are enrolled tribal members, traditional practitioners, or individuals with extensive experience and documented knowledge in providing services and technical assistance to diverse AI/AN populations, communities, and cultures. (Note: For the purposes of this program, individuals with a minimum of three years experience with one or more tribes would constitute "extensive experience." This would identify an individual as having *extensive experience* who has three years experienced with one culture [e.g., Yupik] or one year each with several cultures [e.g., Navajo, Lakota, Pueblo].);
- Summarize any recent exemplary training and technical assistance activities and list them in Appendix 4;
- Describe how key staff are competent in such relevant areas as: knowledge

dissemination; technical assistance and training related to substance abuse prevention and treatment; understanding traditional and evidence-based intervention approaches; assessment of priorities for knowledge and technology transfer across regions and sub-groups of providers; and the determination of the cost-effectiveness of options for proposed innovations in knowledge and technology transfer;

- Describe both the applicant organization's and the proposed AI/AN-NRC's collaborators' reputations for inclusiveness and sensitivity to cross-cultural issues;
- Summarize cultural competencies of the AI/AN-NRC's key staff in:
 - Working with the AI/AN-NRC's client groups; and
 - Understanding of the composition of the different types of prevention and treatment service systems and organizations serving different AI/AN tribal and community cultures across the U.S. Note! Please document and justify any exclusion with regard to SAMHSA's population inclusion policy. (See Part II of the GFA.) (Note that cultural competencies as used here relate to issues of language, race, ethnicity, age, gender, sexual orientation, disability, and literacy.);
- Describe how the AI/AN-NRC leadership will leverage external resources to further and sustain the work of the AI/AN-NRC.

Section D: Evaluation (10 points)

In this section you must explain how you propose to evaluate and report the AI/AN-NRC's performance including quantification of service provision and client satisfaction. Provide information on how in the evaluation procedures you will:

- Conduct evaluations of AI/AN-NRC performance as to the quantity and quality of services delivered to Center clients;
- Enable the evaluators to prepare and deliver quarterly and annual reports on the AI/AN-NRC's:
 - Progress toward its program objectives;
 - Achievements in customer satisfaction; and
 - Collaborations among SAMHSA's CAPTs and ATTCs, and AI/AN service systems;
- Work with the AI/AN-NRC evaluation team and the CSAP and CSAT Project Officers to design the process and outcome evaluations to meet GPRA evaluation requirements and the AI/AN-NRC's other proposed evaluation plans;
- Train and monitor AI/AN-NRC staff and associates so that the planned process, performance, and outcome assessments are performed as intended;
- Obtain and report the performance evaluation data;

- Adopt other relevant measures to integrate reporting on the evaluation of the AI/AN-NRC's prevention and treatment activities;
- Indicate any plans to adapt any existing Web-based data entry/data management system to the AI/AN-NRC's evaluation needs. If so, describe your plan.

NOTE: Although the **budget** for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget appropriateness after the merits of the application have been considered.

CONFIDENTIALITY/ SAMHSA PARTICIPANT PROTECTION

You must address seven (7) areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. If one or all of the seven (7) areas are not relevant to your project, you must document the reasons. No points will be assigned to this section. Part II of the GFA provides additional information regarding confidentiality.

This information will:

1. Reveal if the protection of participants is adequate or if more protection is needed.
2. Be considered when making funding decisions. SAMHSA will place restrictions on the use of funds until the participant protection issues are

resolved.

Some projects may expose people to risks in many different ways. In the Confidentiality/Participant Protection Section of your application (Section - H), you will need to:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following seven (7) issues must be discussed:

1 Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.
- Discuss risks that are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- Give plans to provide help if there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the subjects. If you do not decide to use these other beneficial treatments, provide the reasons for not

using them.

② Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- Explain the reasons for using special types of participants, such as pregnant women, children, people with mental disabilities, people in institutions, prisoners, or people who are likely to be vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

③ Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- If you plan to pay participants, state how participants will be awarded money or gifts.
- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

④ Data Collection

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Appendix 3** “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

⑤ Privacy and Confidentiality

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to

maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

⑥ Adequate Consent Procedures

- List what information will be given to people who participate in the project.
 - Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- The following must be stated for participants to see:
 - Whether participation is voluntary;
 - Whether they have the right to leave the project at any time without problems.
 - What are the risks of the project;
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they

understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in **Appendix 4** to your proposal titled “Sample Consent Forms.” If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data? Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

⑦ Risk/Benefit Discussion

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations/ Requirements

SAMHSA’s policies, special considerations, and requirements can be found in Part II of the GFA in the sections by the same names. The policies, special considerations, and requirements related to the program are:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2010: The Healthy People 2010 focus areas related to this program are in Chapter 26: Substance Abuse
- Consumer Bill of Rights
- Promoting Non-use of Tobacco
- Letter of Intent
- Single State Agency Coordination (include documentation in Appendix 2)
- Intergovernmental Review (E.O. 12372)
- Confidentiality/SAMHSA Participant Protection

Appendix 1

Overview of SAMHSA's CAPT and ATTC Programs

With the arrival of the AI/AN-NRC, the pre-existing CAPTs and ATTCs will continue their respective services to American Indians and Alaska Natives. The net result of the collaborations among the AI/AN-NRC, the CAPTs, and the ATTCs is expected to enhance (without duplicating efforts) substance abuse prevention and treatment technology transfer and dissemination of effective programming for American Indian and Alaska Native clients.

The following provides an introduction to the CAPTs and the ATTCs.

The CAPTs

CSAP's Centers for the Application of Prevention Technologies (CAPT) program started in 1997 to serve as a major national resource supporting the application and dissemination of effective science-based substance abuse prevention services. Five regional CAPTs provide their respective clients with technical assistance and training in order to apply consistently the latest research-based knowledge about effective substance abuse prevention programs, practices, and policies. An additional CAPT - The Border CAPT - coordinates with the regional CAPTs to provide coordinated and enhanced CAPT services to communities within 20 miles of the US-Mexico border.

The CAPTs' primary clients are States with CSAP's State Incentive Grants (SIGs), and their secondary clients are non-SIG US States and other US Jurisdictions plus designated community-level prevention projects (e.g., Drug Free Community Support Grantees). Additional information on the CAPTs' evaluation systems is available in Appendix 2.

Additional information on the CAPTs is available at www.captus.org and from the links to their respective regional CAPT websites. An informative document on the achievements and lessons learned from the CAPTs' early years can be found at <http://preventiondss.samhsa.gov> by clicking on the "Get Training and Support" tab and looking under "Featured Resources" the document titled: "Closing the Gap Between Research & Practice: Lessons of the First Three Years of CSAP's National CAPT System" (PDF, 200K).

The ATTCs

The Addiction Technology Transfer Centers (ATTC) is a nationwide, multi-disciplinary resource that draws upon the knowledge, experience and latest work of recognized experts in the field of addictions. Launched in 1993 by CSAT, under the guiding entity, Substance Abuse and Mental Health Services Administration (SAMHSA), the Network today is comprised of 13 independent Regional Centers and a National Office.

Although the size and areas of emphasis of the individual ATTCs may vary, each is charged, as is the Network collectively, with three key objectives: 1) to increase the knowledge and skills of addiction treatment practitioners from multiple disciplines by facilitating access to state-of-the-art research and education; 2) to heighten the awareness, knowledge, and skills of all professionals who have the opportunity to intervene in the lives of people with substance use disorders; and 3) to foster regional and national

alliances among practitioners, researchers, policy makers, funders, and consumers to support and implement best treatment practices. Additional information on the ATTCs is available at <http://www.nattc.org>.

Appendix 2

Links to CSAT and CSAP GPRA and Other Evaluation Instruments

While specific Government Performance and Results Act (GPRA) and "Other" evaluation instrument(s) will be developed post award for the AI/AN-NRC program, applicants may wish to review SAMHSA's Office of Management and Budget (OMB)-approved evaluation instruments and an overview of CSAT's GPRA Strategy at the websites provided below.

Examples of CSAT Evaluation Measures

The following Website contains information on CSAT's GPRA strategy and the ATTC evaluation forms.

- CSAT GPRA Strategy (Overview) - www.csat-gpra.org (click on General Information)
- CSAT Training/Technical Assistance/Meeting/Product Surveys - www.csat-gpra.org (click on Data Collection Tools/Instructions, then click on Knowledge Application Program)

A printed copy of the GFA and SAMHSA's OMB-Approved GPRA Instruments and CSAT's GPRA Strategy are available from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

CSAP's CAPT Evaluation Measures

CAPT grant recipients use the a number of forms to collect the required GPRA data and other types of data in order to quantify the types, extent, and effects of CAPT technical assistance, training, and collaboration services. The CAPT performance measures (related to customer satisfaction, GPRA, and other measures) use a Web-based evaluation and data entry system. These are Event, Systemic Outcomes, Technical Assistance (TA), and Products. They are best viewed by going to <http://staff.captus.org> and clicking on the "Demo Area" link at the bottom of the page.

A printed copy of the GFA and the CAPT data entry forms for the four different CAPT databases are available from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

CSAP and CSAT Project Officers for the AI/AN-NRC will meet with an evaluation team from the AI/AN-NRC within several months after the award of the cooperative agreement to determine how the AI/AN-NRC's GPRA and other evaluation requirements will be met for the prevention and treatment related activities. The project officers will be responsible for obtaining any necessary OMB clearances.